

MDR Tracking Number: M2-03-1501-01  
IRO Certificate# 5259

August 1, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

The patient is a 32 y/o female who suffered a work related injury on \_\_\_\_ resulting in axial cervical pain with radiation into the bilateral upper extremities left greater than right. Physical examination revealed that some left arm weakness and numbness in the C5 and C6 distributions with clonus at the ankles. Initial MRI 12/5/01 revealed subligamentous disc protrusions at C3-4 and C4-5 with a minimal bulge at C5-6 without cord signal change at any level. MRI 11/1/02 showed degenerative changes at C3-4, C4-5, and C5-6 with multilevel stenosis and effacement of the cervical spinal cord at C4-5. MRI 4/4/03 revealed a congenital narrowing of the cervical canal at C3-4, C4-5, and C5-6 without mention of disc pathology. She underwent extensive conservative treatment consisting of ESI's, facet blocks, and tendon sheath injections without lasting relief. She also underwent arthroscopy of the left shoulder. The patient was seen by a neurosurgeon with a preponderance of axial neck pain. Cervical discography was recommended to identify any painful levels C2-7.

#### REQUESTED SERVICE (S)

Cervical discography C2-7

## DECISION

Cervical discography is recommended as a diagnostic option

## RATIONALE/BASIS FOR DECISION

Discography is a widely accepted modality to identify painful discs contributing to axial pain. This patient has undergone extensive non-surgical therapy without significant relief. There are discrepancies between the MRI reports. Two reports indicate disc bulges and degeneration while the last report does not. While she has no findings on MRI to explain radicular pain in the upper extremities, she does have disc degeneration resulting in bulges at the above-mentioned levels. Should concordant pain be produced with discography at specified levels, then she would be a candidate for potential disectomy and fusion at those level(s) provided that the MRI does in fact show disease at the levels to be fused.

## CERTIFICATION OF INDEPENDENCE OF REVIEWER:

I had no previous knowledge of this case prior to it being assigned to me for review. I have no business or personal relation ship with any of the physicians or other parties who have provided care or advice regarding this case. I do not have admitting privileges or and ownership interest in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities. I do not have a contract with or an ownership interest in the utilization review agent, the insurer, the HMO, other managed care entity, payer or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities. I have performed this review without bias for or against the utilization review agent, the insurer, HMO, other managed care entity, payer or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief; true and correct to the extent they are applicable to this case and my relationships. I understand that a false certification is subject to penalty under applicable law.

I hereby further attest that I remain active in my health care practice and that I am currently licensed, registered, or certified, as applicable, and in good standing.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 4<sup>th</sup> day of August 2003.